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AUTHOR Faye, Michael
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ABSTRACT

A practicum at a crisis intervention center in the middle of a large Canadian city in Ontario was designed to offer crisis intervention, shelter, and non-residential support for runaway and homeless youth, ages 16 to 21, who lived on the streets or in emergency shelters. The practicum provided an opportunity for program staff to develop a three-phase differential response which would offer a choice of support programs for the client. Three multidiscipline workgroups were assembled, and their respective tasks were to develop one of the three phases: crisis intervention, assessment, or long-term care. The activities of the workgroups were monitored with support from a senior management group composed of a social work consultant, a consultant psychiatrist, the executive director, and the director of clinical resources. The workgroups developed program descriptions for the three phases based on a research-based conceptual framework and feedback from clients, from agency staff, and from other youth-serving agencies. These program descriptions provided the groundwork for further development and follow-up activity. (References are included, and questions presented to social service agencies, to youthful clients, and to staff are appended, along with in-depth descriptions of each phase of the program.) (Author/TE)

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Runaway and Homeless Youth: A Three Phase Differential Response Which Provides Crisis Intervention, Assessment, and Long-term Programs - Both Residential and Non-Residential - for Adolescent Males and Females 16-21 Years of Age.

by

Michael Faye

Cohort XXX

A Practicum Report Presented to the National Master's Program for Child Care Administrators in Partial Fulfilment of the Requirements for the degree of Master of Science

NOVA UNIVERSITY

1989

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Abstract

Runaway and Homeless Youth: A Three Phase Differential Response which provides Crisis Intervention, Assessment and Long-Term Programs - Both Residential and Non-Residential - for Adolescent Males and Females 16 - 21 Years of Age. Faye, Michael., 1989: Practicum Report, NOVA University. Descriptors: Juvenile Runaways/ Homeless and Abandoned Adolescents/ Residential Programs for Adolescents/ Group Counselling/ Peer Counselling/ Youth Problems/ Physical and Sexual Abuse of Adolescents/ StreetLife/ Multi-Discipline Team Approach/ Client Directed Case-Planning.

Because of the lack of different residential responses, many adolescent runaway and homeless youth prematurely left the program. The practicum provided an opportunity for program staff to develop a three-phase differential response which would offer a choice of support programs for the client.

Three multi-discipline workgroups were assembled, their respective tasks being the development of one of the three phases which would offer crisis intervention, assessment and long-term care in a new facility. The activity of the workgroups was monitored by the author with support from a Senior Management Group composed of a Social Work Consultant, a Consultant Psychiatrist, the Executive Director, and the Director of Clinical Resources.

The workgroups developed program descriptions for the three phases based on a conceptual framework which had resulted from research, and feedback from clients from agency staff and from other youth serving agencies. These program descriptions provided the groundwork for further developments and follow-up activity.

Chapter 1

BACKGROUND

The practicum setting was a Crisis Intervention Centre located in the downtown core of a large Canadian city in the province of Ontario. The organization opened its doors in 1982 following the development of a working agreement between the Catholic Diocese of the city and the parent operation in New York City.

The program offered crisis intervention, shelter, and non-residential supports for runaway and homeless youth (male and female, 16-21 years old) who survived by living on the streets and in emergency shelter situations. Most of the clients had experienced physical and sexual abuse in their families, and they were involved in drugs, crime, and sometimes prostitution to survive. About 10% of the population had experienced psychiatric disability and 50% had a grade nine or less education. The program endeavoured to complete a needs assessment and to provide the resources necessary to facilitate the client's return to the family, referral to a longer-term program, or to a situation of independent living.

The program was unique in that admission, without referral, was available 24 hours each day, seven days a week. Also unique, was the reality that a client could return as many times as was necessary, until they reached the age limit of twenty-one. The specific services offered are best described through a statement

of the writer's position and responsibilities.

The writer functioned in the capacity of the Director of Programme Services. The specific responsibilities included direct supervision of the service department heads and overall accountability for service to clients. The departments involved were Social Work Services, Health Care Services, Residential Services (Intake Centre and Residence) and the Volunteer Department. The multi-discipline team approach was used to set casework plans and goals. Of a total agency compliment of 100 staff, 65 employees provided direct service - both residential and non-residential.

The writer was also responsible for the development and implementation of programs which met the changing needs of the clients. There was great flexibility in adjusting and in facilitating positive change in the programs.

The facilities were overcrowded at all times, housing a total of 75-85 youth each day in 30 beds. The overflow slept on mats in the common rooms, and were separated by gender. The overcrowding was the result of the history of a lack of a social and political response to consider the plight of homeless youth as significant. This was demonstrated by the fact that sufficient beds did not exist, and that a continuum of services was not available for this population.

Chapter 2

STUDY OF THE PROBLEM

The shelter programs at the agency admitted approximately three thousand runaway and homeless youth each year. Each day, 75-85 youth were cared for in limited accommodations - the facilities having been built to accommodate 30 people. The overflow of youth slept on floor mats, and they were separated by gender in the common rooms.

Each youth arrived seeking shelter or counselling, and each had a unique background in spite of the common immediate need and a history of abuse. The ability to accept help beyond the basics of food and shelter did not exist for some youth; however, the program expected all residents to develop a plan and to follow through. Although there had been an ongoing improvement in the program's ability to respond to the individual, and to the different needs of each person, the general expectation continued to be one of achievement and conformity. Also, the expectations for behaviour, achievement and conformity, were quite high in an effort to promote success and also to control the environment which was usually overcrowded.

The length-of-stay varied a great deal, indicating the different levels of abilities to respond to the structure of the program, and also the fact that some youth did not want to get involved with counselling, assessment, and achievement. These

youth did, however, verbally agree to accept the expectations of the program and to work toward the achievement of their plan. This was done to gain approval and to maintain their bed. The results were too often the premature departure of the young person at his or her option - or as directed by the program as a consequence for not following the caseplan. Statistics revealed that young people stayed between one day and eight weeks, with a great many going AWOL - not even bothering to discuss their reasons. On the positive side, there were non-residential programs to provide follow-up for clients who were no longer in-house.

Ideally, the agency would have offered a three phase service which would provide a separate milieu for crisis intervention, for assessment during transition from the streets, and for long-term residential support for those who had committed to a more intensive program. In this way, a young person would truly self-select to get involved in the phase which was acceptable in terms of the expectations. The services available in each phase, would be more successfully utilized, because the client's interests and his ability to get involved, would be consistent with the mandate of each service.

The discrepancy between the actual program and the ideal, was the inadequate ability of the program to reach many of the clients. Premature discharge occurred for the majority of these

young people who chose to leave because they could not cope with the overcrowding, or because they were not ready to maintain the expected level of commitment and positive effort. There was not sufficient flexibility in the program design, although this was attempted by making exceptions to the general expectations.

The problem was clear. There was no ability to differentiate by program, and this adversely affected the capacity to adequately respond to the needs of the clients-needs which might have changed each time they arrived seeking help. As a result, the program was unable to reach many clients who left prematurely with a sense of failure.

The evidence to support the existence of the above problem was available on different levels. Feedback from staff included statements that many youth were not capable of following through with some of the expectations, and that the program should strive to develop separate phases, with different expectations for different levels of intervention. Also, some ex-residents upon returning for support, informed staff that they had not been ready during the last visit, but had agreed to conform because they had wanted the bed. Statistically, this was displayed in the short length-of-stay of many youth (66% stayed less than 7 days) and in the high percentage of unfavourable discharges. The reasons for premature discharge indicated an inability to cope with the expectations:

Awol	:	34%
Failure to Comply with Plan	:	13%
Incident	:	9%
Discharge Voluntarily (informed staff)	:	18%

In addition to the above internal evidence, there was sufficient outside agency response which reported that the program was not flexible enough, and had expectations which were too high for some youth.

The analysis of the problem included a review of the client profile. The typical young person who came to the program, had experienced some abuse in his or her family before running to the chaotic and unstructured life on the streets. Abuse and exploitation were rampant, as they attempted to survive streetlife. The result was the lack of trust in adults and a significant difficulty in adjusting to the expectations involved in leading a conventional lifestyle. The client was a high school drop-out with inadequate lifeskills, and was not always ready to achieve. Some required the flexibility of a low-expectation environment, and some required the long-term support of a residential program. The lack of the availability of different services, limited the program's successful response to its clients.

The review of literature revealed that there were gaps in adequate services (Farber and Joseph 1985; Metro Children's Advisory Group, 1986.), and that emergency shelters had become

the treatment clinics for runaway and homeless youth (Janus, Amchambault, and Welsh, 1988). The literature supported a differential response of providing a continuum of services which would offer crisis intervention, assessment and long-term residential care (Benjamin, 1985; Farber et al, 1984). Central themes in the development of these services were client-directed case planning (Appathurai, 1988), empowerment of the client (Janus et al, 1987), vocational/educational, and employment opportunities (Benjamin, 1985), and the effective use of peer support - on both individual and group levels (Hamburg, 1986; Lonnborg 1981).

The Literature provided substantial evidence that adolescents - particularly runaway and homeless youth who have been abused - required a continuum of services. These findings demanded the need to develop the availability of different programs as directed by the individual needs of kids. Also, particular themes regarding the type of intervention were quite clearly recommended and will be addressed in Chapter 4.

Chapter 3

GOALS AND OBJECTIVES

The Goal of the practicum was to utilize the previously organized workgroups in a formal attempt to design the required continuum of services. These innovative programs were to be implemented in the new 100-bed facility which was planned for occupancy in 1990.

The implementation period of ten weeks involved the activity of three separate multi-discipline workgroups. These workgroups were comprised of staff members from the disciplines of Social Work, Nursing, and Child Care and they had already been working on the design of the programs.

The objectives of these workgroups were to design three separate residential programs, which would meet the needs of the clients, and to assimilate these with current programming such as health care, outreach, and non-residential support programs. The mandates of the programs were reflected in their names. "Sanctuary" would provide a low-expectation crisis-intervention response; "Transition" would provide a comprehensive assessment for those youth who had self-selected to leave the streets; and "Rights of Passage" would provide a long-term residential support for those who could accept the need for a more lengthy involvement with the programs, to prepare themselves for independent living.

The workgroups had some flexibility in methodology, but were governed by the following non-negotiable premises:

1. The Client self-selected to become involved.
2. Case planning was client-directed.
3. Client empowerment was central.
4. Peer supports both individual and group were to be utilized.
5. Easy access with non-intrusive atmosphere at phase one was critical.
6. Multi-discipline team approach was the staff model.

The issue of the multi-discipline team model was not included in the problem statement, because the major concern was not the methodology of service delivery, but rather the need to develop differential programming. The team approach was being used, however, in terms of case planning, and it was necessary to expand and to improve its use in the new programs. As a result, the team model was included in the non-negotiable premises which guided the activity of the workgroups. In this particular area of development, the focus was an improved use of the social work, health care and child care resources.

The evaluation of the practicum was based on feedback from staff, from clients, and from social service colleagues. The practicum was to be viewed as successful, if the joint activities of the workgroups produced an effective three-phase differential response, which would better serve the population of

runaway and homeless youth. Interviews with the above groups were arranged to ascertain whether the program designs would eradicate the problem of not reaching many of the youth who prematurely left the program. To be successful, the programs were to offer different alternatives which would limit failure and which would increase the opportunities for success. This would be achieved by intervening in a manner which would be consistent with both the client's needs and his ability to respond to the support being made available. As well, the method of using the three workgroups to design the programs, was to be reviewed in terms of both the process and the results.

Three different lists of questions were developed as the basis for interviewing representatives of the above sources (See Appendices A,B,C: 25-34). The questions were verbally presented following a general overview of the three-phases as designed and finalized during the implementation period of the practicum.

Chapter 4

SOLUTION STRATEGIES

Information Collection

The literature review addressed the need to study what others had done to meet the needs of runaway and homeless youth. The search included a review of studies done on this specific population and about adolescents in general. These revealed a consistent finding about the profile of the runaway youth, about what was required to meet their needs, and the reality that there were significant gaps in services. Also, specific programs which operated facilities and services for this population and other adolescents were reviewed; and they offered examples of successful methodologies of intervention.

The gaps in service were referred to in a review undertaken by The Mental Health Task Force of the Metro Children's Advisory Group, in March of 1986, in the city of Toronto:

> Services to youth 16 to 20 years of age appear inadequate, in their comprehensiveness and their accessibility to mental health needs which are, to a significant extent, more serious than government information systems would indicate (P.viii).

This report also reported the lack of crisis services, after-care, and residential beds for youth with severe, chronic problems. Farber and Joseph (1985) found that community support and services were limited for this client because the abused

adolescent who was running away from home was "labelled as unruly or aggressive" (P.205).

It was found that 78% of adolescents who ran away from their homes in Columbus, Ohio, to a runaway shelter, had experienced physical abuse in their homes prior to running away (Farber, et al.,1984). This data was supported by a study about a group of Canadian runaways who experienced abuse in their homes and on the streets. Sexual abuse was reported by 50% of the males and by 86% of the females, while physical abuse was experienced by 74% and 90% respectively. (Janus, Amchambault, and Welsh, 1988).

Both of the above studies dealt with specific aspects of treating this population. The Ohio Study recommended that "Services for runaways need to include assessment and treatment of family violence" (P.298). The latter study stated that, "sexually victimized adolescents believe that they have less mastery and control over their environment" (P.31). This reflected the need to ensure that these adolescents exert some control over the treatment environment, and over the plans and goals that they attempt to follow and to achieve. These studies were supported by Appathurai (1988) who reflected the findings of Hartman et al. (1987) that, "clinicians can establish and maintain rapport with runaways by allowing them a sense of control (a sense that they did not experience in their lives)"(P.19).

A most recent presentation about this population indicated the need to provide a comprehensive response (Powers, Jaklitsch, and Eckenrode, 1988). It was felt that 50% of the adolescents were never nurtured, and therefore required an open receptive environment. Also, it was felt that a full assessment was required to identify the maltreatment which had been experienced; and lastly, the authors indicated the need for long-term support to assist with, "these youths' transition to independence and preparation for the tasks of adulthood" (P.16).

Long-term care was also recommended by others. Benjamin (1985) was concerned about educational, vocational, and job opportunities being available to assist young prostitutes wanting to leave the lifestyle. This included security of residence. Janus et al. (1987) felt that substantial therapeutic intervention was required to assist the abused runaway adolescent; and Appathurai (1988) reflected the findings of Orton and Kell (1980) when her article stated the following:

> ...older adolescents strongly alienated from their families and living on the street for more than a year. For these adolescents, they suggested, intervention should be oriented towards some form of productive independent living and life planning program (P.19)

A major theme in the methodology being proposed in the practicum, was that of peer support - particularly in the long-term program. There was significant data to support the inclusion of utilizing both individual and group counselling,

with a strong emphasis on the ability of peers to help each other. Hamburg (1986) felt that once trained, "peer leaders who are highly respected and display valued characteristics, tend to be influential in persuading young observers to adopt new patterns of behaviour or modify old ones" (P.8). This central premise was used as a basis for a successful peer support program which addressed the issues of drug use, smoking, pregnancy, and suicide. The process relied on the positive effect of being valued as a part of a group - one which concentrated on the non-use of drugs and alcohol. Lonnborg (1981) provided a comprehensive presentation about a six-week program for abused adolescents which used a group format to deal with issues of self-esteem and coping strategies. Again, there was a strong emphasis on the ability of peers to help each other. Benjamin (1985) also felt that peer support was indicated. He commented that the "limited use of peer counsellors at least deserves exploratory attention" (P.128).

The aspect of providing easy access for clients and an acceptance of frequent contact, was addressed by Benjamin (1985):

> a significant obstacle to leaving the street for some prostitutes is their habituation to an extremely high level of stimulation; for such individuals there is no simple way to make the transition to conventional life; this takes time and a program sufficiently flexible to allow the men and women the opportunity to oscillate back and forth for some time. (P.130)

The above information was supplemented by feedback from other social service providers and by agency staff who had continued to learn more about the needs of the clients. The client as well had been asked to tell the agency what they needed.

Solution Strategy

The strategy to have the staff develop a three-phase response was selected because it seemed to meet the needs of the clients as suggested by all the sources: staff, clients, outside agencies, and literature review. It became evident that the runaway and homeless adolescent had specific needs which required a creative response. Different programs with different expectations were necessary, and the process of gathering information, revealed the benefit of using peer support and of empowering the adolescent, to self-select and to self-direct their plan of care. The staff activity and direct involvement was recommended because they had a front-line knowledge of the needs, and because they would be more effectively able to implement the new program if they had been involved in the planning.

Implementation Activity

The three multi-discipline workgroups which were currently in place, used the 10-week implementation period to further discuss and to design the proposed three-phase system, and they

formalized their recommendations by preparing program documents which described the individual phases (See Appendices D,E,F: 35-64). This required closure on outstanding conceptual and practical issues. A consultant psychiatrist and consultant social worker were available for support, as were the Director of Programme Services and the Executive Director.

The leaders of each workgroup were responsible for the activity of each respective group, and they ensured that documentation of all meetings was maintained. These were reviewed by the above individuals, and feedback was given.

The overall activity of the groups was monitored by the Director of Clinical Resources, who attended all meetings to provide immediate feedback, and to ensure that the mandate of each workgroup was carried out, and that the three phases were synthesized in terms of practical application. The latter was necessary because the client would likely move from phase to phase depending on the individual's motivation and readiness for change.

In addition to the non-negotiable premises stated in Chapter 3, the additional guidelines were the areas of content to be developed in the summaries. The program managers had previously agreed to cover the following areas:

a) Program goals and objectives

b) Admission criteria

c) Staffing

d) Program components

e) Client movement through the phases.

As the groups worked to finalize the program content, several consultations were required with the management group. This was the result of periodic conflict of intra-group opinion or the need for clarification of the concepts.

In general, the groups were able to maintain a creative response to the challenge of designing the programs. At times, the members were too subjective as a result of their concern about how they would adjust to the new programs. Although members of the various disciplines had supported the need to develop a differential response for their clients, the reality of responding in new ways, created anxiety as they talked about change.

The members of the workgroups had to struggle with the need to refrain from using traditional jargon. New phrases and definitions had to be developed and had to be consistently employed by the three workgroups. Indeed, their entire history of employment at the agency was being challenged. Concepts which were qualified by phrases such as "self-select", "non-intrusive",

and "client-directed", were significant changes for the staff in terms of their usual response to clients. The traditional modality was one in which staff agreed on the plan of care for the youth, and then they assisted the young person as the plan was followed. Under the duress of imminent organizational change, the members had to creatively design new ways to help their clients - ways which required new approaches and new skills.

When necessary, the program managers met to synthesize their activities, and to ensure that the procedures for client movement from one phase to another, were co-ordinated.

The interdisciplinary issues were significant. As stated earlier, the workers had some difficulty separating their task of developing program and their need to professionally assert themselves. Historically, the agency had tended to be Child Care oriented with the Social Work profession being a support service which offered clinical expertise.

During the workgroup activities, it was clear that these two disciplines were expending a great deal of energy in maintaining or developing responsibilities which would enhance their status. This was particularly evident for the Rights of Passage workgroup, in which the child care workers literally attempted to exclude the social-work response on the floor. They had to be

reminded by the consultant group that the multi-discipline approach was not negotiable. Subsequently, they were able to more adequately develop a model of staff interaction with the clients, which utilized the skills and training of each discipline.

Quite often, the consultant group had to re-state the program concepts, and request that the workgroup members re-read the original conceptual document which had been developed to assist the workgroups during their respective activities.

One of the major problems involved the leadership of each of the workgroups. It was very difficult for each manager designate to facilitate the group's activities, and concurrently to be responsible for arriving at closure if consensus could not be reached on a specific matter. The role of the Director of Clinical Resources, although not initially designated as such, developed a more prominent role in assisting the leaders when such difficulties arose. This individual also assisted them in synthesizing the activities of the three workgroups, which were too often self-oriented.

The last major roadblock was the inconsistent quality of the constellation of the workgroups. Insufficient attention was given to the selection of the workgroup members. Those who were interested, were simply assigned to a group with the main concern

being that of multi-discipline representation. This, at times, had an adverse effect on creativity and on group dynamics. These difficulties, however, were addressed, and the efforts of the groups were ultimately productive.

An all-staff meeting was held during the sixth week of the implementation period. This provided an overview of the workgroups' activities and encouragement for all front-line workers to have input, if desired. This proved to be successful because it provided important feedback - particularly for areas which the workgroups had not adequately addressed. The meeting also provided a forum to allow staff to voice their concerns of insecurity, and this indirectly identified some training needs which had to be met before implementation in the new facility. This is addressed further in Chapter 5.

Chapter 5

RESULTS, CONCLUSIONS, RECOMMENDATIONS

Results

The workgroups produced program documents (See Appendices D,E,F: 35-64) which achieved the objectives set out in Chapter 3. The three phases clearly offered a differential response for the client population of the agency, and the non-negotiable premises were evident in the admission process and in the program components.

"Sanctuary", the first phase, clearly promoted a non-intrusive atmosphere in which clients self-selected their level of involvement, including any period of stay beyond seven days.

"Transition", the second phase, described a program which would offer a client-directed assessment with the necessary flexibility to attract street youth. There was also a procedure to ensure that clients in Sanctuary were advised about the programs offered in Transition, thereby enhancing the possibility of more youth committing to a longer period of care. In addition, client empowerment was enhanced by the program component of having the youth chair daily meetings.

The long-term program, "Rights of Passage", offered an expanded client-directed modality, by encouraging the young

people to take responsibility for the program. This included an emphasis on both individual and group approaches. Again, it was made very clear how client movement would occur from "Transition" into this longer-term program.

In addition to the above success, the feedback from the three sources - social service agencies, youth, and staff - was positive.

The author presented an overview of the three-phase programs to a group of representatives from seven youth serving agencies who provided services for the same client population. They were asked to respond to a list of questions (See Appendix A:29). There was a strong positive response, as the group unanimously viewed the proposed programs as being better able to support street youth. They were particularly impressed with the flexibility, the differential programming, the client empowerment, and the ability to respond at the individual's level. It was felt that these qualities would provide the atmosphere in which the youth could achieve some success, or at the very least, they would not view themselves as having failed. The representatives also felt that other agencies would perceive the changes as positive and able to enhance inter-agency activities.

The author also met with a group of the agency's clients in

an effort to gain their view of the three-phase programming. The seven clients, who were residents at the time, were given an overview of the programs and were asked to respond to a list of questions (See Appendix B: 31). Feedback regarding the proposed differential programming was positive.

All of the young people informed the author that increased choice and increased involvement of clients in directing their plan and in supporting other residents, would improve their chances for success. They felt that young people would not leave prematurely if more choice was available. At times, the meeting lost focus as the clients wanted to talk about their concerns about the current program. The author allowed some vacillation and encouraged the group to address their views of the three phases.

Because of their more urgent focus of survival, the group tended to enjoy discussions about the emergency program, "Sanctuary", and the twelve-week assessment phase of "Transition". Being able to have bed and breakfast, without the expectation of achievement, was seen as important. Interestingly, the young people were concerned that some clients might simply abuse the offer of crisis intervention, and never move beyond the basic response. When discussion included a structure which would cope with this potential difficulty, the group was supportive. "Transition" intrigued the residents

because they were able to connect the value of self-assessment and learning about themselves, with learning how to cope with limitations such as illiteracy and inadequate life skills. Although in favour of a long-term phase, the residents did not seem interested in the program components other than peer support.

In addition to the above two sources, the author received feedback from a group of four staff members who were not part of the workgroups. The third list of questions (See Appendix C: 33) was presented by the author.

In general, feedback was positive in that they felt that the client would be better served by the suggested programs. Client choice and flexibility of options were viewed as significant. They also stated that the programs would offer opportunities for professional growth; however, these staff were anxious about their security of employment and their ability to learn new ways of relating to clients. These feelings were consistent with those presented during the previously mentioned all-staff meeting (P.20). They also recommended that formal communication systems be designed to ensure information sharing and opportunities for front-line feedback. The group seemed to appreciate the opportunity to discuss their concerns and the fact that the author agreed to take their recommendations to the workgroups who would be involved in the follow-on activities.

Conclusions

It was felt that the method of developing the three-phase system was sound. Although it was unanticipated that the group constellations, the group dynamics, and the multi-discipline issues would create a challenge equal to the task of program design, these difficulties were overcome and the joint activities resulted in the successful program descriptions being developed (See Appendices D,E,F: 35-64). The primary concepts were manifested in specific program components, and the three-phase system was viewed as effective by other service providers, by the agency's clients, and by agency staff who had not been members of the workgroups.

Recommendations

The ongoing monitoring of the group activities by the author, and the feedback from the above-named sources, resulted in the development of the following recommendations:

1. That the group constellations be more thoroughly arranged to ensure effective group dynamics.

2. That the workgroups be maintained with the appropriate re-allocation of personnel, to design pilot projects which would be implemented prior to building of the new facility, and which would allow the three phases to be tested for validity and effectiveness. This activity would include

adequate sharing of information with all agency personnel.

3. That appropriate funding be allocated to assist with the implementation of such pilots.

4. That the workgroups be given adequate training with respect to Group Process, Organizational Change and the practical application of new programming.

5. That all program personnel receive appropriate training to ensure a smooth practical adjustment to new programming.

6. That a facilitator be assigned to co-ordinate and lead the activity of the workgroups, thereby enhancing continuity and program assimilation.

7. That the ongoing activity of program development be shared with the network of agencies who provide services for the same population.

8. That the current program utilize the support of ex-residents to counsel and assist the clients.

Summary

The ten-week implementation period provided an opportunity for the agency staff to finalize the program documents and to

make recommendations for follow-on activity. The method of using the three workgroups was effective because they produced the desired results.

There were limitations related to process; however, these were identified and included in the list of recommendations for future or similar activity.

The practicum provided the author with an opportunity to work with agency personnel of all levels, in a joint effort to creatively plan for program development. The efforts of the practicum were continued with on-going activity in preparation for full implementation of differential programming in the new facility.

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Appendix A

QUESTIONS PRESENTED TO SOCIAL SERVICE AGENCIES

QUESTIONS PRESENTED TO SOCIAL SERVICE AGENCIES

1. Do you feel that the three phase system is the best way to serve homeless and runaway youth?

2. Do the programs offer the flexibility that you considered our agency to lack?

3. Do you feel that the individuality of the client has been adequately considered?

4. Do you think that the new programs will address the client's chronic pattern of failure by limiting the inappropriate expectations?

5. Will the program be perceived by the agencies as innovative?

6. Will the new programs facilitate the joint activities of our agencies as we work together in an effort to help runaway and homeless youth?

Appendix B

QUESTIONS PRESENTED TO YOUTH

QUESTIONS PRESENTED TO YOUTH

1. Do you like the idea of three options for shelter depending on what you want?

2. Do you like the idea of directing your own case plan? Do you think you'll have enough control?

3. Do you think other young people will like the programs?

4. Will the new programs make it easier for you to achieve your goals?

5. Do you like an increased focus on the young people being involved in program implementation?

6. Do you think that young people can help each other?

Appendix C

QUESTIONS PRESENTED TO STAFF

QUESTIONS PRESENTED TO STAFF

1. Was it a more effective way of developing the three phase system by setting-up workgroups?

2. Do you think the client needs were accurately stated by Senior Management? Crisis Intervention, Assessment, Long-Term.

3. Do the three phases offer the flexibility that clients need?

4. Will the staff be better able to support clients?

5. Will the new programs offer more professional growth for staff?

6. Will clients feel more successful when they have more program options to choose from?

7. What are the important issues for the staff during future development and ultimate implementation in the new facility?

Appendix D

PHASE ONE: SANCTUARY

PHASE ONE: SANCTUARY

PREMISE

Covenant House is committed to maximizing its Open Intake capacity for homeless youth through a program design that will increase its ability to respond to their unique needs.
Youth who come to us are in a state of flight, unable to trust the adult care offered to them and not ready to accept all the services offered by Covenant House. However, they are in need of safety, nurturing, acceptance and unconditional love.
On a 24 hour basis, Sanctuary offers freedom and relief from immediate crises as well as alternatives to life on the streets.

PHILOSOPHY

The needs of the client population differ and should be treated deferentially. A flexible program will enable us to provide a continuum of service; to respect the clients' right of choice and to encourage their active participation in making decisions that affect their lives.

A resident in Sanctuary enters into the Covenant relationship with no immediate commitment but to advise us whether he/she will need further shelter.

However, by exposing them to our caring, non-judgmental environment and making them aware of the support services available at Covenant House and in the community, they will have the opportunity to self select to go on to Transition. They will be able to make a more informed choice to get off the street.

GOALS AND OBJECTIVES

GOAL #1

To provide short term residential and non residential services to youth between the ages of 16 and 21.

Objectives

a. To meet the basic needs of the client population, viz food, shelter, clothing, health care and crisis counselling through Immediacy, Sanctuary, Value Communication, Structure and Choice.

b. To establish the Covenant relationship - a supportive love which challenges and confronts but never is withdrawn.

GOAL #2

To provide opportunities for the residents to evaluate their current situations.

Objectives

a. To provide a caring, nurturing, safe environment that will be educative and present the youth with options other than the street.

b. To support positive choices.

c. To challenge and provide alternatives to unproductive choices.

d. To redirect youth to external resources where necessary and appropriate.

PROGRAM PARAMETERS

I CRITERIA FOR ADMISSION

Anyone, between the ages of 16 and 21, who has never been to Covenant House has the right to one night's shelter and an opportunity to discuss a longer stay in the program. The same right is extended to ex-clients of Covenant House whose status does not make them ineligible for shelter.

A keynote in the Sanctuary Program is flexibility in terms of length of residence in the program and intensity of contact due to the nature of the population we serve. For example, there will be clients who

a) desire only "bed and breakfast"
b) require longer term care and are awaiting a bed in Transition, ROP, external resources, or who are on an accommodation search.
c) are undecided about their future
d) are inappropriate for service provision
e) require more direct immediate intervention by means of an assessment.

There is a population of clients who <u>may be</u> excluded from shelter due to the mandate of the Covenant House program.

(i) youth in an acute psychiatric state.
(ii) youth under the influence of drugs or alcohol.
(iii) youth posing an immediate threat to themselves, staff or residents.
(iv) youth suffering acute medical conditions.

(v) youth known to be illegally absent from custodial settings.
(vi) ex-clients of Covenant House whose status makes them ineligible for shelter.

While the above mentioned youth may be denied shelter, they are not denied service. We will never abandon a youth. Sanctuary will ensure that appropriate referrals are made for youth whom we are unable to shelter.

Ex-clients of Covenant House, whose status make them ineligible for shelter, may have their situations reviewed through the Appeal process.

II BED ALLOCATION

Twelve (12) 5 Bed modules plus overflow capacity of 20.
Youth awaiting admission to Transition will reside in Sanctuary so long as Sanctuary has the capacity to accommodate them.

When limitations of space make this impossible, appropriate referrals will be made to alternative shelters with possible day program support.

There will be 35 male and 25 female beds consisting of 2 Blocks of 20 male beds on the Church Street side of the facility and 1 Block of 20 female beds on Bond Street side.

One module of 5 beds will be the designated Adaptable Module which will be located in the male Block closer to the female Block.

III BEHAVIORAL EXPECTATIONS

The objective is to provide the minimum structure which would allow our co-ed population to derive greatest benefit from their stay in Sanctuary and to experience the Covenant relationship.
We expect:

(i) no use of drugs or alcohol
(ii) no physical violence or threatening
(iii) no verbal abuse or coarse language
(iv) no interaction of a sexual nature
(v) appropriate attire
(vi) smoking in designated areas only
(vii) radios (only with headphones) which must be off between 11:00 PM - 7:00 AM

IV LENGTH OF STAY

In keeping with the program philosophy and mandate of the Sanctuary Program, we will offer up to 7 consecutive days of shelter followed by 30 days during which the youth is ineligible for shelter.

Of course, since flexibility and individualized planning is a major component of the program, this 7 day limit is negotiable according to the unique needs of the client.

PROGRAM COMPONENTS

I PROGRAM PURPOSE

Youth who come to Covenant House express the following needs:

(i) physical and emotional support.
(ii) stability and consistency.
(iii) a chance to clarify their goals.
(iv) information of available services.
(v) time out from home, the streets or their situations.
(vi) structure.

Sanctuary's response to these needs is to provide a continuum of care that will enhance the youth's potential to make a full transition from life on the street to a more stable community living situation.

II INTAKE PROCESS

Upon entrance to the building a client will be welcomed by a Receptionist who has a streaming/directing function. At the point of entry, the Receptionist will determine whether the client has an active card and is therefore, ineligible for residence.

* If he is not eligible for residence, he will be told when he will be and/or that he has the right to appeal the present situation.

* If he is eligible, he will be directed to an Intake Worker for cursory Intake to determine his immediate needs.

* If the client is a Day Program participant the Receptionist will direct him to his chosen program.

* If there is some concern about his appropriateness for admission, (please see Admission Criteria), a more thorough assessment may be done at this time.

III ROUTINE INTAKES

After a Sanctuary client has been seen by the Receptionist and the Intake Worker who will attend to his basic needs and outline basic expectations and routines, the client will be shown to his room.

IV TRAUMA TEAM

Sanctuary acknowledges that some clients may be inappropriate for shelter services , due to age or presenting problems. The admission status of this type of client will be determined by the Trauma team, who will conduct more indepth assessments at admission/intake to determine the needs of the client and how to get those specific needs met. The individual conducting the assessment will be determined by the needs of the client.(e.g. clinician, ccw, nurse, translator (French,Portuguese,Spanish).

The implications of this may be;

* that a client is sheltered at another resource, (e.g. hospital, psychiatric facility)

* that the staff take a more proactive approach to a client while in shelter,

* or that length of shelter may be shortened.

We anticipate that the Team's major client group will be:

i) underage clients,
ii) first time young runners from home who require immediate family intervention,
iii) major physical trauma, e.g. rape, major physical injury
iv) those clients who are running from treatment/residential resources and have not completed their course of treatment,
v) severely substance addicted youth.
vi) recent refugees

V ORIENTATION TO SANCTUARY AND COVENANT HOUSE

Orientation to the program will be on-going and gradual. The vehicles used for Orientation will be:

Daily Bed Negotiation

Everyday, each resident must confirm his/her bed prior to leaving Sanctuary. Each morning the youth will have the opportunity to make a contact with a staff who will check in with the youth and see how he/she is doing. This will allow the youth to become acquainted with the resources available,get to know the program staff and ensure a bed for the evening. This process is very important because it affords the staff an opportunity to engage the youth and work towards the objective of encouraging him/her away from the streets.(See Routines Schedule)

Contacts at this level will be carried out by Primary Workers who are assigned according to sleeping modules.

Morning Meeting

This is an essential component of orientation for a client. Each morning between 10-11 am Monday to Friday and 11 am-12 pm Saturday and Sunday, the admissions of the last 24 hours will attend the Morning Meeting.

The purpose of this meeting is to review basic expectations (behavioral,routines,shelter limits), provide an overview of the services available through Covenant House (Transition, ROP, Day Programs, Health Care Services etc), and direction to appropriate programs. The meeting format will include audio-visual and verbal presentations.

VI ROUTINES

	Monday - Friday	Weekend & Holidays
Wake up	7:00AM	8:00AM
Breakfast	8:00AM	9:00AM
Bed confirmation Wake up	10:00AM	11:00AM
Morning Meeting	10:00AM	11:00AM
Lunch	12:00 - 1:00 PM	
Supper	5:00 - 6:00 PM	
Access to Floor	8:00 PM	
Snack	9:00 - 9:15 PM	
Clean up	9:30 - 9:45 PM	
Curfew	10:00 PM	
Night Meeting	10:15 PM	
Lights out	11:00 PM	

For those clients who are not new admissions, there will also be the opportunity to view and participate in specific program presentations (audio visual and verbal interaction) with staff who work the programs. This is where the self-selection process begins. For those who have self-selected, a personal presentation at the service site will be arranged.

VII DAY PROGRAM

The day program services will be offered from 11:00AM - 8:00PM daily

Procedure for Participation

After Orientation/Morning Meeting, the residents will indicate their desire to find out more about the programs (Ed Voc, Life Skills, Literacy, Job Training etc) by notifying the staff/ orientation facilitator. The Orientation facilitator would then advise the appropriate program leader and direct the resident accordingly.

Ed-voc programs such as Job Training, Skills Assessment, Adult Literacy and Life Skills will be available Monday to Friday.

Recreation Programs (active and quiet) like Art, Music, Net games and Table games will be available seven days a week.

Active Recreation

Specific times will be scheduled so that residents will be able to use the gym under supervision.

Art, Music, Library,Table Games

Since some degree of supervision is necessary as well as advisable due to the therapeutic nature of these activities, scheduled hours will be posted.

MULTI-DISCIPLINARY TEAM

The Multi-disciplinary Team's prime focus is to assist the youth in starting to make choices which will lead him/her off the street. Therefore, non-intrusive, non-judgmental interventions with Sanctuary clients is essential. The Team will also possess both the skills and the resources to assess a client's needs through the diverse expertise of the team members as well as be acquainted with and knowledgeable of appropriate external resources for Sanctuary clients.

The composition of the Team could be as follows:

Team Leader
Full Time Members - 1 Clinicians (Social Worker, Psychologist etc)
1 Shift Supervisor
1 Child Care Worker
1 Pastoral Minister

Part Time Members - 1 Ed Voc counsellor(works within the Day Program)
1 Literacy counsellor (Day Program)
1 Health Care
1 Recreation person (Day Program)

Since a Clinical component is necessary for service delivery as well as a support for CCWs, it will be necessary that Clinical staff work modified hours and "work the floor" along side Sanctuary CCWs. Some proposed hours may be 10am to 6pm and/or 11am to 7 pm. Moreover, we are also aware that clinical intervention may not be limited to regular day time hours, therefore, it is proposed that a clinical On Call system be instituted which would provide clinical back-up if necessary.

Team Meetings

The Team will meet on a daily basis in the afternoon to discuss i) kids in house, ii) identify potentially high risk clients, ii) discuss clinical interventions for specific clients, iv) discuss the feeling on the floor, v) to make referrals to the Day Program, vi) report on movement to other programs or discharges. All clinical decisions will be made at the Team Level.

Team Leader

The Team Leader will be responsible for the functioning of the Multi-disciplinary Team. This would include administrative duties which involve the Multi-disciplinary Team members, such as scheduling, record keeping, etc. as well as be clinically responsible for the quality of intervention delivered by the team members. The Team Leader will also be responsible for the functioning and supervision of the Trauma Team.

Moreover, she/he will be responsible for both individual and group supervision of the team both administratively and clinically. The Team Leader will chair all meetings, have direct access to the Clinical Resource Director as required, and report to the Manager of Sanctuary.

Clinical Team Members

Will participate as a member of a multi-disciplinary team and hold case responsibility/accountability to the Team and the Team Leader. The clinicians will be responsible for recording, community liaison and resourcing as well as individualized programming as necessary. Will also act as a member of the Trauma team, Orientation process and assume On Call responsibilities as necessary. Will resource the Clinical Resources director when necessary.

Shift Supervisor

The Shift Supervisor will responsible for the smooth functioning of the floor activities as well as supervision of Child Care Workers on the floor. The supervisor will also be an active member of the Multi-disciplinary Team.
The Shift Supervisor will be responsible for the quality of Child Care intervention as well as administration of the Child Care Floor Team which would include scheduling, record keeping etc. The Shift Supervisor will report to the Team Leader.

Staffing

The role of the staff is facilitative rather than intrusive. We may currently have the highly skilled Child Care Staff that will be required. However, we will have to orient them to the focus and processes of the Sanctuary Program if they are to be effective.
We may reassess how we utilize volunteers.
We must involve them in a dynamic, interesting way, possibly extending their involvement in direct service delivery.

Suggested Shift Patterns

8:00 - 4:00 - 2 CCW's
9:00 - 5:00 - 2 CCW's
3:00 - 11:00 - 2 CCW's
3:00 - 11:00 - 1 CCW (Permanent shift)
4:00 - 12:00 - 2 CCW's
11:00 - 9:00 - 4 CCW's

Ratio: 10 : 1 at peaks. 15 : 1 at other times.
This pattern will provide peak coverage at peak times viz 7:00-11:00a.m. and 8:00-11:00p.m. Each staff member will work a maximum of 40 hours per week.

The Intake Workers will be part of the team so that they do not become isolated from the core programming.

Child Care Workers will be responsible to 2 Shift Supervisors (11:00PM - 9:00AM) and 2-3 Shift Supervisors (Days, Evenings, including week-ends).

Child Care Worker

Will be an active participant in the multi-disciplinary Team as designated, as well as be responsible for the smooth functioning of Floor activities. The CCW will be responsible for appropriate record keeping, Intake procedures and orientation of the clients. The Child CAre Worker will report to the Shift Supervisor for Child Care Supervision and be responsible to the multi-disciplinary team and Team Leader for clinical intervention.

DOCUMENTATION

We identified two areas of documentation - Administrative and Case Monitoring.

Administrative	Case Monitoring
Reception Log	Intake Report
Intake Log	Discharge Report
Card File	Registration Card
Morning Situation and Census	Property Responsibility Form
	Shelter Stay Monitor

The Shelter Stay Monitor will be used to document bed confirmation and any significant contact with the resident.

INFORMATION SHARING

The primary vehicles for sharing information concerning Sanctuary residents will be through Team Meetings, Shift Change (task focussed information) and the Shelter Monitor.

As mentioned previously, the Team Meetings will address major issues affecting residents. e.g. identifying residents who have self selected for Transition; determining interventions for residents with special needs; assigning team responsibilities; discharge planning.

The Shift Change will have a more task focus in terms of bed confirmations and count, ensuring the environment is safe and secure, relaying any pertinent information concerning the Morning Meeting/Orientation and Day Programming.

The Shift Monitor will chronicle interventions and activities with clients on a daily basis.

PILOT PROGRAM

In conjunction with Transition and Rights of Passage, Sanctuary should pilot its program six (6) months prior to the anticipated completion of the new facility.

This allows enough time to fine tune day to day operational processes (viz job definitions of Social Workers, Health Care and Child Care; the functioning of the multi-disciplinary team; resident processes) and to train and orient staff to the new program philosophy.

The pilot project will assist us in effecting a smooth transition from our current program to our three phased model. Therefore, once we launch the pilot we should not return to the program that we now offer.

Appendix E

PHASE TWO: TRANSITION

PHASE TWO: TRANSITION

I. GOALS AND OBJECTIVES

To provide youth with extended shelter beyond that available in the Sanctuary phase.

To facilitate a youth's transition from street life through a flexible, empowering, participatory, client directed assessment that will provide the youth with the opportunity to explore their functioning skills and styles of coping.

To provide a number of supportive services that will assist the client in making informed choices that will lead to a more healthy and safe living situation.

To provide youth with a non-institutional setting conducive to the development of Covenant relationships that are dynamic, challenging, empowering and communicative.

The short term goal of Transition is to engage youth within a competency based process that promotes client strengths and program opportunities.

The medium term goal of Transition is the completion of an extensive client directed assessment and living plan.

The long term goal of Transition is the facilitation of a Seeding process through which the youth is integrated into an appropriate community living situation.

II. ADMISSION TO PROGRAM

Residential:

Admission to the Transition Phase is based on the principal of "self select". A youth while in Sanctuary, who states a desire for extended shelter, and/or assessment and/or supportive programming, would be admitted to the residential component providing shelter beds are available.

Residential Waiting List:

Youth who wish to be placed on a waiting list for Transition Residential can do so in two ways:

a) Sanctuary Overflow: Youth will be admitted to the Transition programming and will continue to receive shelter through the sanctuary phase for a negotiated period of time.

b) **Transition Non-Residential:** Youth will be admitted to Transition day programming through the Transition Seed component.

Seed (Non-Residential):

Youth who have participated in the Residential Component can continue a second phase of non-residential aftercare programming for up to six months.

Youth who have never had access to the Residential Component can also be serviced by the Seed Component for up to six months.

Promotion Of Transition Services At Sanctuary:

Some of the day programming offered by Transition will be observed by Sanctuary residents on the Sanctuary floor. Such programming will draw the interest of some residents towards participation.

A front line worker from Transition will attend a morning meeting of residents of Sanctuary to discuss options available in the Transition phase. Sanctuary residents can apply for service at that time.

Procedure For Admission:

Admission to the Residential and Seed Components of the Transition Phase is negotiated with each youth separately. Covenants around participation are very flexible at the point of admission to ensure maximum access by street kids.

Admission will be denied (and referrals arranged) for high risk clients that are a threat to themselves or others. Though the program is not designed to "treat" the seriously addicted client it may be appropriate to admit the youth into the program in order to develop and conduct an assessment that the youth can use in order to seek appropriate treatment.

Admission will be determined daily by the Transition team from information received at the morning meetings at Sanctuary. Youth will be informed of openings the following morning.

In essence the role of the Transition team in the admission process is one of case coordination and Intake scheduling. It is not the role of the team to initiate prejudicial selection of Transition applicants.

The Transition team for example may request Sanctuary to extend the shelter of a youth up to 7 days (ie. put on the Transition waiting list), if it is believed that immediate short term intervention may solve the youth's shelter crisis. This allows the Seed Component of Transition to assist the youth with family reconciliation, accommodation search, or treatment facility referral possibly without admission to the residential component at Transition.

Protocol during times of limited bed space will favour younger clients and those with needs that cannot be met through Sanctuary.

Each client will be admitted through an Intake interview and complete orientation to services.

III. PROGRAM COMPONENTS

The Transition program recognizes the wide range of needs demonstrated by street kids. The program therefore offers a number of creative assessment techniques that will determine specifically the needs of any given client and assist the client with efforts to **a)** priorize their needs and **b)** to plan how best to meet those needs.

Transition will offer a number of supportive day programs that will aid in the assessment process and introduce the client to problem solving opportunities. Though the prime objective of in house programming will be the completion of a full assessment, programming will also be relevant to meeting immediate needs of clients on a short term basis.

Transition programming will include:

a) Individual counselling, family reconciliation and referrals.

b) Life skills training (leisure time, cooking, budgeting, relationships).

c) Vocational resources (pre-employment prep,career counselling, CEC programming and job placement, job training, Mentor support.)

d) Education (basic literacy, school admission, correspondence courses, computer skills, tutoring.

e) Legal resources (legal aid assistance, legal education, court escorts, referrals to lawyers).

f) Substance abuse counselling, support groups and referrals.

g) Art and Recreation Therapy.

h) Health Services and Health Education.

i) Job Ready Clothing Assistance.

j) Project Home Find (Accommodation search assistance, home sponsors, roommate counselling, Landlord Tenant Information)

Transition day programming is not designed to meet the long term needs of youth. Where possible, clients will be referred to out-of-house programs that can provide long term assistance. Day programming is designed to assist youth with the achievement of short term goals, aid in the completion of a full assessment, and to stimulate and educate youth in the use of supportive services and problem solving techniques.

The above programs are well into the development stages and most are being tested in the present program at 100 Bond Street with specific emphasis on creative client directed assessment techniques. These current programs will be assimilated into the three-phase model to be implemented on the new facility.

1V. PROGRAM PARAMETERS

a) **Capacity**

Residential:
40 beds (separate male and female groups units). No overflow.

Residential (Waiting):
10 beds at Sanctuary (extended 7 day shelter).

Seed (Non-Residential):
40 aftercare clients.
30 new clients (Sanctuary and external referrals)

b) **Staffing**

Residential:
Two daily shifts of multi-disciplinary teams comprised of four child care workers and two social workers. One member on the shift shall be designated as the supervisor. The day shift shall also maintain a nurse. The overnight shift being predominantly custodial will be comprised of 3 child care workers and one social worker. Days and evening staff will be expected to participate in weekend shift coverage.

Seed:
One daily shift of two child care worker and one social worker.

Volunteers:
A large corps of volunteers will be maintained to assist youth with instrumental needs, assist staff with environmental control, participate in the mentor program and assist with the operation of day programming.

All front line staff work in consultation with the Transition team and are responsible for carrying out all decisions assigned at the daily team meeting. Team leadership shall be rotated every few days amongst shift supervisors. All staff will coordinate an assigned primary caseload and will be responsible to the Team for case coordination.

c) **Daily Routines:**

Residential:

7:00-8:30am	Wake up and breakfast
8:15am	Transition social worker meets with Sanctuary residents.
7:45-8:30am	Contact with each youth to review the day's agenda (social work staff).
9:00-9:00pm	Day Programming Counselling Assessment Interviews
10:30-12:00pm	Transition day shift meets with selected residents each day.
11:30-1:00pm	Lunch
2:30-4:30pm	Daily Transition Team meeting (residential & seed, day/evening shift).
5:00-6:30pm	Dinner
6:30-7:15pm	Residents meeting (chaired by residents on rotating shifts)
9:30pm	Curfew during first week only. Individually negotiated curfew with residents for remainder of program.
10:30-11:30	Evening/Overnight shift change.

Seed:

9:00-9:00pm	Day Programming
9:00-9:00pm	Counselling and Referral
9:00-9:00pm	Assessment Interviews
9:00-9:00pm	Project House Find
12:00-2:00pm	Lunch (or bag lunches)
5:00-7:00	Dinner

d) <u>Expectations of Staff</u>

Staff will be expected to integrate, cooperate and participate fully in all aspects of the Covenant House program. Transition staff will observe, engage, support and motivate each youth. Transition staff will facilitate and assess each client's participation in all programming. Staff skills pertaining to observation and note taking will be paramount in this Transition environment where all client activities are relevant to the completion of a full assessment. Staff de-briefing and communication skills will be insightful, engaging, and supportive to provide youth with effective and motivating feedback.

Since Transition places few expectations on the client as a condition for their stay in the program, successful, creative and motivating techniques with respect to assessment and crisis intervention will be essential.

All Transition staff will be accountable for assigned tasks and case coordination to the Transition team through a daily meeting.

e) <u>Expectations of Client</u>

No drugs or alcohol, (discharge consequence).
No violent or sexual conduct (discharge consequence).
All other behavioural issues will be confronted and dealt with individually or negotiated with each youth in consultation with the Transition team.

The Transition program recognises that its client population often responds adversely to a caring and supportive environment. The program will anticipate and will be prepared to service uncooperative youth through a variety of individualized and creative approaches.

Appendix F

PHASE THREE: RIGHTS OF PASSAGE

PHASE THREE: RIGHTS OF PASSAGE

"Rights of Passage" is a long term program which offers residential living, educational/vocational counselling and secure employment for 25-30 youth who are interested in utilizing an intensive support program over an 18- 24 month period. Ultimately these youth who complete the program will be prepared for independent living.

The philosophy of Rights is synonymous with the philosophy of Covenant House. That is we must always keep in mind both the Covenant and the Mission Statements.

The goal of Rights of Passage is as follows

> **To provide a residential environment within long term parameters that will promote spiritual, emotional and intellectual growth and enhance independence skills to facilitate healthy independent functioning in the community.**

The operational philosophy is based on several assumptions:

The first assumption is that the inappropriate behaviour, which an adolescent is displaying is learned and this is directly related to his method of relating interpersonally. Therefore, the appropriate manner of behaviour must be relearned in connection with positive role models. However, we are concerned about the feelings related to certain behaviour and the emotion which is manifested in that behaviour.

Another assumption is that the program must provide each resident with an educational\vocational program consistent with his needs and interests.

A third assumption is that this age group needs to be involved in his planning as much as possible. This philosophy of care would begin at the self-selection process. At this stage the youth is choosing to commit himself to a long-term program. This includes responsibiliy for individual and group behaviour. More specifically, the adolescent takes part in the development of his program and also has input in terms of running the Residence, i.e. rules routines, structure, problem solving. It is also assumed, however, that the staff have the ultimate responsibility for the milieu.

A fourth assumption is that these youth need structure. They have lived a transient and chaotic life. The idea of structure for most of them is a foreign concept. It will be the goal of this program to aid the youth to internalize the ability to develop a healthier lifestyle.

For the first month youth would be given specific routines. As the relationship developed with his primary worker the youth would be able to negotiate certain things i.e. later curfews. It is also essential that the youth feel that he is in control of his life. The above reflects the reality that they are young adults not children.

A fifth assumption is that given the opportunity these youth will develop healthy adult relationships. Since all these youth come from highly dysfunctional families there ability to trust and develop healthy relationships has been negligible. Through positive role modelling, relationship building, consistency and trust, we hope that we will be able to help them in this area. The major advantage of the RoP programme, is our long term committment. This will be an essential ingredient in our relationship with the youth.

The last assumption is that in order for these youth to live happy productive lives they must know how to network and function within the community. This would mean knowing where to shop, where to go for medical resources, etc.

Objectives of Rights of Passage

A. To provide a thorough initial and ongoing assessment of each youth.

Goal

1. To develop an admission protocol involving the assessment from Transition . This will ensure that the youth, after self-selection has the basic abilities required to benefit from this program.

2. To develop and maintain an ongoing review of each youth in the program involving the multi-disciplinary team.

B. To provide Educational / Vocational support.

Goal

1. To assess each youth before acceptance into the program.
2. To provide on-going educational/vocational counselling.
3. To provide on-going liaison with employees.
4. To provide opportunities for both educational upgrading and employment.

C. To provide the opportunities for the development of adequate lifeskills.

Goal

1. To develop groups which support skill development in the following areas:

   budgeting
   banking
   health and hygiene
   job interviews,
   job maintenance
   apartment search
   interpersonal skills

D. To provide the opportunity to develop therapeutic relationships with caring adults.

Goal

1. To provide a "mentor" program which will offer each youth a one-to -one supportive relationship with a significant adult outside the staff structure of the program.

2. To develop a primary worker system so that each youth will relate specifically to one staff member in a manner more intense and personal than the relationships with the rest of the child care and clinical staff.

3. To provide the youth with any other type of supportive relationship the youth and or the multi-disciplinary team may deem as necessary.

E. To provide a recreational program for all the youth

Goal

1. To develop in-house and external staff-supported recreational opportunities for all youth.

2. To educate all youth with respect to the community facilities available for recreational purposes.

3. To support all youth in the pursuit of specific interests such as music, sports, theatre, etc.

F. To provide a milieu that will encourage growth and development.

Goal

1. To encourage and develop realistic goals with the youth.

2. To provide case management that will focus on individual development.

3. To provide a structure that the youth will be able to internalize once he/she leaves the program.

PROGRAMME COMPONENTS AND DEVELOPMENTAL ISSUES

Selection Process

Rights of Passage will be open to males and females between the ages of 16-20. The primary focus will be on the 18-20 year olds since there are fewer services in the community for this age group. They will also be more prepared to make a two-year committment. However, there will be 16 and 17 year olds that have the skills and they will be considered as age appropriate.

Before the youth self selects he must realize that the program is a place that you commit to get help and use the team to share issues.

The type of client who would best be served in this program can be described as follows:

a) Youth will have self-selected from Transition and will have made a decision to leave the street lifestyle.

b) these clients acknowledge that they require a supportive living environment to develop appropriate life skills necessary for adaptive independent living.

c) youth will either work or go to school.

Due to the nature of the program philosophy and the number of clients involved, Rights will not be able to serve clients with acute psychiatric illness e.g. actively psychotic, moderate to severe intellectual handicaps, chronically suicidal or severely addicted youth.

Admission Protocol

Educating the youth to the Rights of Passage programme will be a primary goal. For most of the youth this will be their first exposure to the programme.

An orientation, including information sharing, will be the vehicle to inform youth of the programme. Any youth who is interested in learning about the programme will be able to attend. In order for a true self-selection process to take place, staff working with the youth must be as unbiased as

possible in recommending an appropriate long-term programme. However, it is expected if a youth self-selects to Rights, and is not appropriate, the staff in Transition will present alternative choices.

Once the youth has been to orientation it will be his\her choice to self-select to the programme. This will be a matter of the youth indicating this to a worker in Transition. Once this happens documentation will be necessary for the multi-disciplinary team to review.

Although no youth, once he has self-selected, will be turned away, it is critical that we give consideration to the group composition. For example, the programme will be able to deal with a limited amount of borderline personalities. It would not be to the youth's advantage to be accepted to the programme if the programme is ill-equipped to deal with the types of behaviour a youth may be displaying. At this point it would be advisable for the youth to go on a waiting list.

Once the youth has been accepted into the programme he will be invited for dinner to meet his primary worker as well as be introduced to the other youth in the programme. This will bridge the transition from one living situation to another. He will also be able to take this time to assess the long term committment he is making.

Within a week, the youth will move into the programme. Although the youth will be committing himself to a new programme, we can expect for most, they will be involved with a plan from Transition. It will be the responsibility of the primary worker and the youth to schedule the best times to meet to discuss his/her goals for the future.

Due to the nature of our youth there is an understanding that youth will leave the programme prematurely. Because of our long term committment to these youth their beds will be available to them to return to, depending on the reasons for leaving. Each case will be dealt with on an individual level.

From time to time females may become pregnant while in the programme. If a youth decides to abort the child this would contravene policy. However, discharge from a long-term program for this may not be the most clinically sound intervention for the youth.

Program Structure

The overall goal of the program is to create as normalized an atmosphere as possible, with a strong emphasis on resident participation and responsibility. It is essential that these youth feel control over their lives. This reflects the principle of choice.

The basic intervention will occur at both individual level and a group levels.

Key to our philosophy is the recognition that we have a long term committment to the Youth. Therefore, there will be an emphasis on a consistent, long term worker who will be available for the youth. This will allow for the opportunity for a healthy relationship with an adult to develop. Although one response to this may be the primary worker system the youth may develop this type of relationship with his mentor or his social worker or the nurse.

At the group level, three areas have been defined:

1. Task focus: These groups centre on daily living experiences, such as group responsibility via chores, norms and residential organization and pragmatic life skills such as budgeting., cooking etc.

2. Process Focus: These groups would have a more "therapeutic focus and would deal with intrapsychic issues such as sexuality, relationships, family relations.

3. Combination groups: These groups would integrate task and process. Basic life skills groups would fall under this category, and would range from negotiation skills, job readiness training to dealing with your landlord etc.

Program Parameters

1. Curfew would be instituted for the first month the youth is in the program. After that, consistent with the level of individual functioning.

2. Drugs and alcohol are not allowed on the premises.

3. No weapons

4. Youth coming home drunk would be handled on an individual basis and we are prepared to acknowledge peer and social pressure. However, the issue would be addressed with the youth's worker as well as with the team.

5. Smoking is restricted to common areas. With staff permission they may smoke in offices. Absolutely no smoking in the bedrooms.

6. Each resident is responsible for keeping his/her room neat at all times. This includes vacuuming and dusting. The youth are also expected to do their own laundry. They are encouraged to pick up after themselves in other areas of the residence. On weekends when the fulltime housecleaner is not present they will be asked to help clean the residence.

   Although it is understood that these youth have not had the experience of being orderly, it is understood that this is part of the ILP and that they should be encouraged to participate as best they can and acquire the skills.

7. Dinner is prepared by a cook. At designated times residents participate in planning, preparing and serving meals. All residents may use the kitchen when needed. No meals, however, may be prepared without a staff member being informed.

8. Youth will be expected to contribute part of their earning to the Programme. This would be negotiated into the plan once the youth was firmly established in his plan. The purpose of this is to create the most normalized and realistic situation for the youth. Budgeting for Independent Living then becomes more of a reality.

Employment Program

The employment program is a very significant part of the RoP program. It will be through this program that our youth will have a chance to enter into the job market and obtain a job that has upward mobility.

Our goal is to provide entry-level opportunities which could be provided by donors, board members and other associates of the program. This will enable the youth to have support at work since we acknowledge that this is an area in which most of our youth have difficulty.

Each youth, with help from the ed/voc counsellor, will have an individualized plan. This will include his/her goals as well as results of aptitude tests and other career tools that will help to develop the best possible career plan for this youth.

The goal is to provide for the youth the best possible direction for them, as indicated by the individual's strengths, weakness and level of functioning. The youth, however, must have control over his own plan.

The Manpower programme used presently will also be a resource used due to their committment to helping our youth. This will ensure maximum support for the youth while dealing with the vocational committment.

Educational Programs

The educational counsellor will work with each youth to formulate an education plan. Every youth will be strongly encouraged to take this opportunity to upgrade himself. Each youth will be assessed as to their needs and their level of literacy. Our counsellor will then design an individualized plan with each youth.

Consistent with the overall program, the educational component will provide youth with the information necessary to make practical choices regarding their continuing education.

Mentors

An integral and unique part of this model will be the involvement of mentors for the youth. The mentors will serve as role models for the youth and will be available to act as friend, "counsellor" or advisor.

All mentors will be expected to participate in an intense orientation. Once the mentor completes the orientation, the assignment process will occur. This will be the culmination of staff, youth and mentors input. It is hoped that the best possible relationships will evolve after the long selection process.

Because the mentor may not have any background experience working with troubled youth it is necessary that someone liaise with the mentor on an ongoing basis.

Although it can be a very positive experience for the youth, it is imperative that the mentor follow through with his or her responsibilities. Another negative relationship for some of these youth could be potentially destructive.

Mentors will be expected to see their youth once every two weeks as well as ongoing phone contact.

Mentor meeting will be held once a month by the Programme Manager to provide support and peer feedback. It will also help to ensure consistent communication of values to the Residents.

Staffing

Primary workers will be the vehicle used for relationship building. They will be part of a multi-disciplinary team that will consist of Youth Workers, SWs, RNs teachers, pastoral minister, psychiatrist, (case determined). Case work tasks/ interventions would be determined by the needs of the client. Each team would participate in ongoing assessment of the client

needs, including active participation of the clients.

The most difficult aspect of this model is knowing when to refer issues and activate appropriate resourcing. According to the multi-disciplinary model, decisions concerning case direction and clinical service would be made at the team level with all members actively participating in the decision. The expertise of the individual members of the team would be pooled to ensure sound interventions. The team would decide the strategy to adopt as well as who was best equipped to deal with the issues at hand. This may result in external or internal referrals.

An assumption in deciding the most clinically sound intervention for our youth is that direct and indirect service will not be offered. These services are defined as follows.

> Direct Service is a direct therapeutic intervention with a client in an on-going basis with a specific purpose.
>
> Indirect Service is defined as intervention that does not include contact with a client; eg. observation, resourcing, consultation, discussion, needs analysis and development of intervention strategies, networking and liaison with community agencies.

The rational for separating the direct and indirect service components is that the transference/counter transference phenomena interferes with sound clinical intervention.

Therefore, in a long term program, therapeutic issues which require attention should be referred to workers who do not have intensive contact with their clients on a regular basis.

The Youth workers or primary caregivers, will be responsible for the daily behavioral and environmental interventions. They will be resourced clinically on a regular basis through Case Conferences where the team will discuss and strategize the cases.

Each youth worker will be responsible for four cases.
Other responsibilities of the Youth Worker will include:

- behaviour management
- listening to youth
- performing tasks eg. medications, cleaning
- motivating, limit setting, support, challenging, confronting, acknowledging, reinforcing, reflecting.
- providing a safe environment
- role modelling
- written reports

Since the program will be based on relationship building it is necessary that Youth workers are committed to the long term program. Because of the nature of our program it will be

essential that staff know their own professional limitations and expertise. Ongoing training and support will be a critical focus for the program.

Case Management meetings will be daily. One or two youth will be focussed on for indepth discussions . All other youth will be discussed as issues arise.

Due to the long term focus of the programme each youth will be discussed once every three weeks. This will include a progress report from the primary worker.

Aftercare

The goal of the aftercare program for Rights of Passage is as follows:

> **To ensure maximum success in the transition from the Rights of Passage program to independent living.**

The process of separation from the program is one of primary focus. Since some youth will have been with us for two years the time to be discharged will be a critical time. It will be a goal of the team to minimize the anxiety the youth will feel.

The youth will be working towards his goal of discharge for the time he is in the programme. However, the process to support the transition will intensify two months before the youth is to leave. This could include separation counselling, budgeting, apartment search. The goal of aftercare will not be to foster dependency but to encourage the youth to use the resources that are in the community.

The involvement of the aftercare worker, once the youth has completed his plan, will be minimal. The follow-up will be according to the individual needs and plan. This will be determined by the Team.

We will encourage ongoing relationship building with the Mentor, hoping this will be a major focus of support once the youth is in the community. Mentors may need training and support themselves to deal with this . This will be offered.

Peer support within the community will be an area of consideration. This may mean initiating groups to teach youth how to resource each other.

All youth, once they graduate from the programme will have a contingency plan if the independent living situation breaks down. This may include going to Sanctuary or another hostel for a short term stay. The youth is to understand that a recommendation for him coming back into Rights or Transition may not be an option. However, each youth will be dealt with on an individual basis.